

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 101	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Registrar's No. <u>334</u>	
City of _____	(No. _____ St. _____ Ward _____)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Roy M. Gregor Jr.</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>1</u>
Legitimate? <u>yes</u>	Date of Birth <u>June 2</u> 19 <u>21</u>	Month	Day Yr.
FATHER		MOTHER	
Full Name <u>Roy M. Gregor</u>	Full Maiden Name <u>Mabel Jones</u>		
Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>White</u>	Age at last Birthday <u>31</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>26</u> Years
Birthplace <u>Nebraska</u>	Birthplace <u>Enterprise, Indiana</u>		
Occupation <u>Sheet Metal worker</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>June 2</u> , 19 <u>21</u> , at <u>7:15</u> A.M.			
{ *When there is no attending physician or midwife, then the householder should make this return. }		Signature <u>C. M. Brown M.D.</u>	Attending physician, midwife, householder.*
Given or Christian name added from a supplemental report _____ 191__		Address <u>Miami, Arizona</u>	
<u>949-602-412</u>		Filed <u>June 30</u> 19 <u>21</u>	LOCAL REGISTRAR.
COUNTY REGISTRAR.		Filed <u>July 1</u> 19 <u>21</u>	COUNTY REGISTRAR.